U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U 306 /	2. Fiscal Year Covered From:
	1/1/2005 Through: 12/31/2005
3, Name and address of person filing.	4. Name, file number, and address of labor organization.
Name RICK V. Welsh	Name Iranwaikars Local III
	Labor Organization File Number 015936
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 1755-704hq	street 8000-29th Street West City Rock Island
city Alado	city Rock Island
State IC ZIP Code + 4 6/23/ 4	State IC ZIP Code + 4 6(20) (/
5. Position in labor organization. Financial Societary-Treasurer - Business Manager	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	· · - '
	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information companied in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed On S-6-05 P09-562-560 Signed	

Date

Telephone Number

Name of Person Filing ICK Welsh	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any). Name Horwitz, Horwitz Associates Trade Name, if any: P.O. Box, Bldg., Room No., if any Scrite 1000 Street 100 North LaSake Street City Chicago State IL ZIP Code + 4 60601 4	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Tranworkers District Council Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2012 - Dak Leaf Street	This is an othernex that represents This is an othernex that represents Members in the District Council for Workmans compensation disputes and labor law Issaes for the District Council 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. They chartened a bus for the District. Council to aftern Larry Tuttles Ratirement Dort in Dos Moines, Iowa. Larry was a Business Agent in Local 67. Ton of US was on the bys
	12.b. Amount. My gyess is \$300 each
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13 h Is the Business an Employer or Consultant ?	14.b. Amount of payment.